

## STATE OF MARYLAND—CERTIFICATE OF DEATH

07066

P

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Howard

131-20

Registration Dist. No.

190

Village or City

Elksridge (Washington Blvd)

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Elksridge (Washington Blvd)

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Colored

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Ben Chandler

6. DATE OF BIRTH (month, day, and year)

1890

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

55

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Knoxville

Tennessee

13. NAME

Daisy Lenoir

14. BIRTHPLACE (city or town)  
(State or country)

Knoxville

Tennessee

15. MAIDEN NAME

Nannie Lenoir

16. BIRTHPLACE (city or town)  
(State or country)

Knoxville

Tenn.

17. INFORMANT

Jennie Hall

(Address)

Elksridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D. C. Date July 24, 1945

19. UNDERTAKER

Mrs. Katie P. Williams

(Address)

322 N. Frederick St

20. FILED

7/24, 1945

A. W. Frederick

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July

20

1945

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 5, 1945, to July 18, 1945; death is said

I last saw her alive on July 18, 1945; death is said

to have occurred on the date stated above, m. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardio Vascular  
Renal disease

Date of onset

7

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

Name of doctor

Date of operation

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

7413 Maryland Hill Av

Baltimore, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthénia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Rec'd VS  
7/26/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

070667  
44

## CERTIFICATE OF DEATH

Reg. Dist. No.

74

## 1. PLACE OF DEATH

County

Howard

City or town

Ellicott City, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William Kenneth Domer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Single

6. (b) Name of husband or wife

Single

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

25 MAY 1926

8. AGE:

Years

Months

Days

If less than one day

19

1

24

hrs.

min.

9. Birthplace

PHURMONT Missouri

(Town, county, and state)

10. Usual occupation

Soldier

11. Industry or business

W M DOMER

FATHER

12. Name

William Domer

13. Birthplace

Md.

MOTHER

14. Maiden name

Nettie Rhodes

15. Birthplace

Md.

16. Informant

Service Record

Address

Fort George G. Meade, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof, July 22, 1945

(month) (day) (year)

Cemetery or crematory

Howard Chapel Cemetery

Location

Libertytown, Frederick Co., Md.

18. Funeral director

Howard H. Blight, Jr.

Address

4914 Belair Road

19. Date read by registrar

July 21, 1945

July 25, 1945

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND. County

Frederick

City or town

Pitonsville

Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

219-20-2265

## MEDICAL CERTIFICATION

20. DATE OF DEATH

7/19 1945 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/19 1945, to 7/19 1945

and that I last saw h. 117 alive on 7/19 date

Immediate cause of death

Asphyxia

Strangulation, severe

DURATION

instant

Due to fracture of thyroid cartilage

Fracture of RT Clavicle

Complete

Hemorrhage, severe

instant

Other conditions

None

None&lt;/div





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 10A

1. PLACE OF DEATH: Howard  
County.

City or town. Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Roger Samuel Knill

4. Sex M 5. Color of eyes white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1892 6. (c) If alive, give age years

8. AGE: Years 53 Months 6 Days 18 If less than one day hrs. min.

9. Birthplace Frederick co.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William Knill  
13. Birthplace Frederick co.

MOTHER 14. Maiden name Mary Wolf  
15. Birthplace Frederick co.

16. Informant Annie Knill

Address Woodbine m<sup>1</sup>  
17. Burial Burial Date thereof July 29, 1945  
(Burial, cremation, or removal. When)  
(month) (day) (year)

Cemetery or crematory Oak Grove  
Location Glenwood Howard, Md.

18. Funeral director A. M. Snyder  
Address

19. Date rec'd by registrar 7/23/45 19. El. Paul Morris  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18, 1945 to July 21, 1945

and that I last saw him alive on July 21, 1945

Immediate cause of death

Coronary Thrombosis DURATION 5 min.

Due to Arterio Sclerosis with

Due to Cerebral Hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

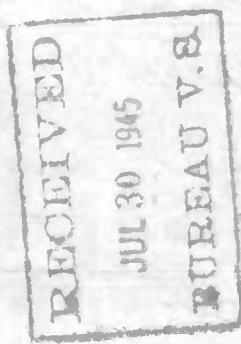
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE O. M. Van Poole M. D. 7/23/45

Address W. A. 15th and 7th Date signed 7/23/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes-of-death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-70

07070

## CERTIFICATE OF DEATH

Reg. Dist. No.

193

1. PLACE OF DEATH:  
County Howard

City or town R. F. D. Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Fanny Isadore Molesworth

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) July 22, 1859

8. AGE: Years 86 Months 11 Days 27 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Alfred Molesworth

13. Birthplace England

14. Maiden name Sarah E. Walker

15. Birthplace Maryland

16. Informant Mrs. Hobert Mullinix

Address Mt. Airy, Md.

17. Burial Burial Date thereof July 21, 1945  
(Burial, cremation, or removal? Which?)

Cemetery or crematory Pleasant Hill

Location Moravia Md.

18. Funeral director Ray W Barber

Address Poplarville Md.

19. 7/20 - 1945 E. Paul Morris  
(Dated by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Howard

City or town R. F. D. Mt. Airy  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1945 19 \_\_\_\_\_ at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18, 24, to July 19, 1945, and that I last saw her alive on July 18, 1945.

Immediate cause of death  
Bronchiectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chr. Myocarditis ArteioOsclerosis 2 yrs  
(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

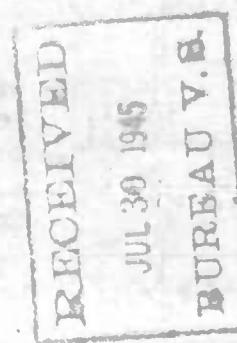
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Stanley Grabill M. D. or other

Address Mt. Airy, Md. Date signed 7/19/45



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

117071

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

2

3

T

1. PLACE OF DEATH: Glenelg City Md.  
County: Howard

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Piney Clinic, 4 days

How long in hospital or institution?

3. (a) FULL NAME

Lena Bertha Sayman4. Sex: Female 5. Color or race: white 6. (a) Single, married, widowed, or divorced: Widowed6. (b) Name of husband or wife: George N. Sayman6. (c) If alive, give age: years7. Birth date of deceased (mo., day, yr.): 10 - 23 - 18708. AGE: Years: 74 Months: 9 Days: 6 If less than one dayhrs: 0 min: 09. Birthplace: Germany (Town, county, and state)10. Usual occupation: Housewife11. Industry or business: —12. Name: Haynes13. Birthplace: Germany14. Maiden name: Unknown15. Birthplace: Germany16. Informant: Warren B. SaymanAddress: 700 x Pinetree Road, Prince17. (Burial, cremation, or removal. Which?) Cemetery or crematory: GlenwoodDate thereof: 8-1-45 (month) (day) (year)Location: Washington D.C.18. Funeral director: Frank H. NeveleAddress: Pineyville 8. Md.19. Date rec'd by registrar: July 3, 1945

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: BaltimoreCity or town: 4416 Wentworth Road (If outside city or town limits, write RURAL and give nearest town)Street No.:  (If rural, give LOCATION)2.(a) If veteran, name war: 

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1945 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 25 1945 to July 29 1945

and that I last saw her alive on July 29 1945Immediate cause of death: Cerebral hemorrhageDURATION: 3 daysDue to: Generalized arteriosclerosisDue to: Other conditions: Tonsillitis pneumonia

1 day

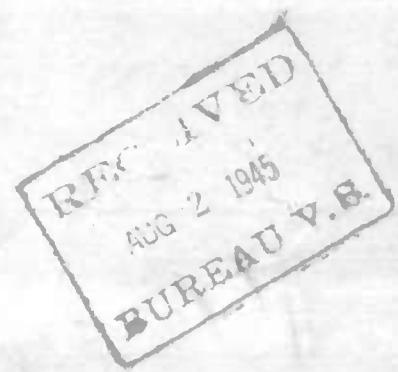
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.: Autopsy results: 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide:  Date of: Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of injury:  Injured at work? 23. SIGNATURE: Leon G. Korchman, M.D.M. D. or other: Address: 711 Chestnut St. Date signed: 7/29/45



## STATE OF MARYLAND—CERTIFICATE OF DEATH 117072

M

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County HowardVillage or City Elk Ridge

130

Registration Dist. No. 190St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Daniel Simering(a) Residence: No. 1934 ElkRidge Heights Ave.  
(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofWilhelmina Maud Simering

6. DATE OF BIRTH (month, day, and year)

September 3, 1868

7. AGE

Years

76

Months

10

Days

10

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Railroad Clerk  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O R. R.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

## MOTHER FATHER

12. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)13. NAME William D. Simering  
14. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)15. MAIDEN NAME Anna E. Hax16. BIRTHPLACE (city or town) Pennsylvania  
(State or country)17. INFORMANT M. Isabel Simering  
(Address) 1934 ElkRidge Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 16, 194519. UNDERTAKER S. Lester Earp(Address) 5503 Main Street, ElkRidge, Md.

20. FILED

July 16, 1945

Date

Year

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 13  
(Month)  
(Day)1945  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

June 1945 to July 13, 1945  
I last saw him alive on June 1945; death is said to have occurred on the date stated above, at 11:56 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

apoplexy  
repeated attacks of  
paroxysms  
severe headache  
schizoaffective  
6 mo  
6 mo  
5 yrs

Other Contributory Causes of importance:

arterio-venous condition  
arterial hypertension  
1 yr  
3 yrs

Name of operation none Date of 1945What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. D. Grunbaum M. D.(Address) ElkRidge, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

Chronic interstitial nephritis

Date of onset

1921

Attack of epilepsy

Cerebral hemorrhage

Date of onset

July 5, 1927

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

1 year

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. That exact age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

117173  
193

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH

County

City or town

Howard  
near Cooksville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Nathan K. Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

Colored married

6. (b) Name of husband or wife

Josephine Smith

7. Birth date of deceased (mo., day, yr.)

Aug 1 1880

6. (c) If alive, give age years

69

8. AGE:

Years      Months      Days      If less than one day

64

11

16

.hrs.

min.

9. Birthplace

Howard Co

(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

MOTHER

12. Name

FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date

20. Date of death

Data thereof

(month)

(day)

(year)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 16 1945 at 7:45 AM

July 16 1945 at 7:45 AM

July 16 1945 at 7:45 AM

Immediate cause of death

Convulsions

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

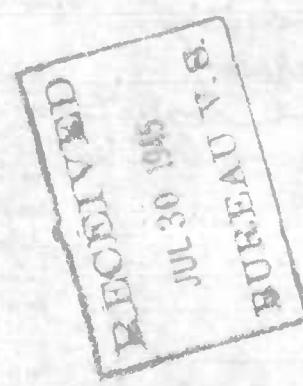
Means of injury Injured at work?

23. SIGNATURE

Address

Date signed

M. Dr. or other



## STATE OF MARYLAND—CERTIFICATE OF DEATH 117874

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Howard

Village or City

Elkridge, Md.

Registration Dist. No.

190

Length of residence in city or town where death occurred

yrs. mos.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

James Waters

6. DATE OF BIRTH (month, day, end year)

August 17, 1898

7. AGE

46

Years

Months

11

Days

If LESS than  
1 day, hrs.  
or min.

Housewife

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Elkridge, Md.

## MOTHER FATHER

13. NAME

Daniel Simons

14. BIRTHPLACE (city or town)  
(State or country)

Elkridge, Md.

Lucy Dorsay

15. MARIEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

Elkridge, Md.

17. INFORMANT

James Waters

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge

Date July 29, 1945

19. UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 N. Schaefer St.

20. FILED

Date 7/28/45

Registrar

Date of death

7-24-45

## 21. DATE OF DEATH

July

24

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

July 24, 1945, to July 24, 1945.  
I last saw deceased alive on July 24, 1945; death is said  
to have occurred on the date stated above, etc. 4059 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cholera

## Other Contributory Causes of Importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) *John Woolridge* M. D.  
(Address) *Elkridge, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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